

**Office of the Regional Administrator / Region I**

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February 25, 2003

Patricia A. Wilson-Coker, Commissioner  
Department of Social Services  
25 Sigourney Street  
Hartford, Connecticut 06106-5033

Dear Ms. Wilson-Coker:

I am pleased to inform you that your request, as amended February 10, 2003, to renew your home and community-based services waiver for individuals aged 18 through 64 with acquired brain injury (ABI) is approved, as authorized under the provisions at section 1915(c) of the Social Security Act (the Act). This waiver renewal is assigned control number 0302.90, which should be used in any future correspondence. A copy of the approved waiver is enclosed.

You submitted your waiver request to continue to provide numerous services including case management, homemaker services, personal care, respite care, habilitation services (including prevocational services and supported employment), environmental accessibility adaptations, transportation, specialized medical equipment and supplies, chore services, personal emergency response systems, companion services, community living support services, cognitive/behavioral programs, home-delivered meals, independent living skills training and development, substance abuse programs, transitional living services, and vehicle modifications as part of your renewal. You also requested to incorporate family training into cognitive behavioral programs.

You will continue to provide these services to eligible individuals who would otherwise require the level of care provided in a hospital, nursing facility (NF), acquired brain injury nursing facility (ABI/NF) or intermediate care facility for the mentally retarded (ICF/MR). You will also continue to waive the amount, duration and scope of services requirements set forth in section 1902(a)(10)(B) of the Act.

The waiver is currently operating in a 90-day extension period. Based on the assurances and information you have provided, I am approving the State's waiver renewal as requested, effective January 1, 2002. The renewal period therefore subsumes all temporary extensions.

The waiver renewal is based upon your agreement to provide home and community-based services up to the number of individuals in Factor C and the per capita estimated expenditures in Factor D. If at any time during the five-year waiver period, the actual number of individuals and/or expenditures exceed your projected estimates, please contact the regional office to determine whether an amendment to this waiver should be submitted.

The following estimates of utilization and cost of waiver services have been approved for the renewal:

	<u>C</u>	x	<u>D</u>	<u>TOTAL</u>
Year 1 (1/1/2002 – 12/31/2002)	180		\$58,107	\$10,459,205
Year 2 (1/1/2003 – 12/31/2003)	228		\$62,617	\$14,276,702
Year 3 (1/1/2004 – 12/31/2004)	276		\$67,097	\$18,518,734
Year 4 (1/1/2005 – 12/31/2005)	324		\$71,985	\$23,323,256
Year 5 (1/1/2006 – 12/31/2006)	369		\$77,326	\$28,533,434

The waiver renewal request conforms fully to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by you and your staff. If you have any questions, please call Nancy Grano at (617) 565-1695.

Sincerely yours,

Charlotte S. Yeh, MD  
Regional Administrator

Enclosure

cc:

David Parella, DSS

Sylvia Gafford-Alexander, DSS

Mary Jean Duckett, CMS

CT MD-S-270